

## CIA INTERNAL USE ONLY

SECRET

(When Filled In)

## PERSONALITY (201) FILE REQUEST

TO RI/ANALYSIS SECTION		DATE 4 NOV 57	ACTION		
		<input checked="" type="checkbox"/> OPEN	<input type="checkbox"/> AMEND	<input type="checkbox"/> CLOSE	
FROM RI/CC			ROOM NO. 2003 L	TELEPHONE 3265	

**INSTRUCTIONS:** Form must be typed or printed in block letters.**SECTION I:** List 201 number, name and identifying data in the spaces provided. All known aliases and variants (including maiden name, if applicable) must be listed. If the identifying data varies with the alias used, a separate form must be used. Write UNKNOWN for items you are unable to complete.**SECTION II:** List cryptonym or pseudonym, if assigned. If true name is sensitive, obtain 201 number from 201 Control Desk and complete Section I and Section III. On a separate form, enter the 201 number and complete Section II and Section III. Submit each form separately.**SECTION III:** To be completed in all cases.

## SECTION I

SENSITIVE				SOURCE DOCUMENT			
NONSENSITIVE							
NAME (Last)	(First)	(Middle)	(Title)	SEX			3.
ALFERTOMIK,	Nikolai	Fyodorovich		<input checked="" type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> S	
NAME VARIANT							
TYPE 2. NAME	(Last)	(First)	(Middle)	(Title)			
V	ALFERTOMIK.	Nikolai					
V	ALIMENTOMIK,	Nikolai					
V	ALPERCHIK,	Nicholas					
<b>DECLASSIFIED AND RELEASED BY CENTRAL INTELLIGENCE AGENCY SOURCES/METHODS/EXEMPTION 3B2B NAZI WAR CRIMES DISCLOSURE ACT DATE 2006</b>							

PHOTO	4.	BIRTH DATE	5.	COUNTRY OF BIRTH	6.	CITY OR TOWN OF BIRTH	7.	OTHER IDENTIFICATION	8.
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	D 31	M 12	Y 17	USSR	GOMEL		1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>	
OCCUPATION/POSITION							OCC/POS. CODE	9.	

## SECTION II

CRYPTONYM	PSEUDONYM

## SECTION III

COUNTRY OF RESIDENCE AUST	10. ACTION DESK EE/A- <input checked="" type="checkbox"/>	11. SECOND COUNTRY INTEREST	12. THIRD COUNTRY INTEREST	12a.
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COMMENTS:

**PUNCHED**

PERMANENT CHARGE		RESTRICTED FILE		SIGNATURE
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>